



CASA

Court Appointed Special Advocates
FOR CHILDREN

MAINE

❖ 171 State House Station, Augusta, ME 04333
❖ Ph: 207-287-5403
❖ Fx: 207-287-7553
❖ Email: casamaine@maine.gov

MAINE CASA VOLUNTEER APPLICATION

(Please Print or Type)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____ Fax: _____

SSN: _____ - _____ E-mail: _____

Do you speak another/secondary language? ☐ English ☐ Spanish ☐ Signing ☐ French ☐ Other: _____

Referred by: ☐ Flier ☐ Friend ☐ Internet ☐ Newspaper ☐ Radio ☐ National Media ☐ NCASAA ☐ Other
☐ Unknown ☐ Volunteer referral agency

Employment Status: ☐ Full Time ☐ Part Time ☐ Student ☐ Not Employed ☐ Retired

Current Place of Employment: _____ Position Held: _____

Supervisor: _____

Work Telephone: (_____) _____ - _____ Ext. _____ May we call you at work: ☐ Yes ☐ NO

Educational Background

	School	Degree	Graduated
High School			
Trade School			
College			
Post-College			
Other			

***Please include a copy of your driver's license and
current vehicle insurance card along with application.***

Do you drive? ☐ Yes ☐ No

Do you have regular access to a vehicle? ☐ Yes ☐ No

Driver's license number: _____ State: _____

Car Insurance Company: _____ Policy Number: _____

Have you had any moving traffic violation(s) in the last 10 years? ☐ Yes ☐ No

If yes, please list: _____

Have you been convicted of any crimes in the last five years: ☐ Yes ☐ No

If yes, please list: _____

Employment History

Please list your last 3 employers, and/or volunteer activities.

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Place of Activity: _____ Telephone Number: (____) ____ - ____

Position: _____

Supervisor: _____

E-Mail Address: _____ From: ____/____ To: ____/____

Reason for leaving: _____

Personal Experience

Can you perform the functions of a CASA volunteer with or without a reasonable accommodation?

Please explain any personal experience you have had with the following:

The Court System: _____

The Child Welfare System: _____

The Foster Care System: _____

As a CASA, you will be working with children who may have experienced emotional, physical or sexual abuse, and/or serious neglect. Many will be living in foster care. Do you have any personal experiences that might affect your ability to work on cases involving these issues? _____

What qualities do you think are necessary to be an effective CASA volunteer? _____

Child Preferences that you would prefer to work with. (Optional) We may not always be able to match you up with the exact type of child you want, but will make every effort to do so.

Gender: ☐ Male ☐ Female ☐ Either

Number of Children: ☐ Single child ☐ Sibling Group ☐ Either

Age range: ☐ Any ☐ Birth to 5 ☐ 6 to 11 ☐ 12 to 18

Are you a foster parent? ☐ Yes ☐ No

Are you planning to become a foster parent? ☐ Yes ☐ No

Do you offer respite care in your home? ☐ Yes ☐ No

Do you provide kinship care in your home? ☐ Yes ☐ No

Please provide a brief biography to help us understand your interest in CASA. _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

APPLICANT DECLARATION

I understand that by submitting this application I authorize CASA personnel to make inquiries of the State Bureau of Identification, Criminal Records Check and the Maine Department of Human Services concerning my suitability as a volunteer. I further understand that by submitting this application I authorize inquiries to be made concerning my employment and character. The information requested in this application and any additional information that may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. **All information will be held in confidence.**

I understand that all CASA volunteers are subject to the training and other requirements of the Maine CASA program and may only serve as CASA guardians ad litem with the approval of the CASA Director.

I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____, 20 ____.

References

References must have at least one telephone number. Please list 3 references, not related to you, preferably from employment or volunteer activities, who are able to discuss your ability to be an effective CASA. **Three written references are also needed. You may use the people listed below as your written personal references also. (See last two pages of application).**

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____

Name: _____

How known: _____ Home Phone: (_____) _____ - _____

Business Phone: (_____) _____ - _____

E-Mail Address: _____



BACKGROUND INVESTIGATION INFORMATION

Instructions: You may complete this form electronically or by handwriting the information. If you complete it electronically, you must then print and sign the form. **An original signature is required.** To complete this form electronically, do a "Save As," complete, and then save again.

Acknowledgement: By completing and signing this document, I understand that to work in the Judicial Branch, a background investigation must be conducted by the Maine Judicial Branch Office of State Judicial Marshals. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an applicant with the Judicial Branch is contingent on the results of this investigation. I hereby consent to a background investigation and give permission to the Office of State Judicial Marshals to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

☐ No

☐ Yes

If yes, please explain:

Name: (please print)	(First)	(Middle)	(Last)
Maiden or previous names used: (list all)			
Date of birth:	Social Security Number:		
Current driver's license number:	State:		
Prior state driver's license number:	State:		
Current Address:	(Street)	(City)	(State) (Zip)
From:	To: Present		
If exact date is unknown, give an approximate date.			
I have lived at this address for the past 10 years or more. <input type="radio"/> Yes <input type="radio"/> No If no, see page 2.			

I declare that the information provided herein is true, accurate, and complete to the best of my knowledge.

/

Signature of Applicant

Date

For internal Judicial Branch use only:

Printed name of HR Rep/Program Mgr requesting background check:

/

/

Signature

Office/location

Date

Investigation for: **HR Department:**
Program Manager:

☐ employee
☐ LEP
☐ FDP

☐ contractor
☐ CASA/GALS

☐ service worker
☐ CADRES

☐ Bail Commissioner

Name :

Use this page only if necessary.

If you have not lived at your current address for the past full 10 years, please list all other addresses below.

Former Addresses			
Please list your former addresses and dates at those addresses for the past full 10 years , including temporary addresses, such as college dormitories, etc. If you do not know the exact dates, give an approximate date. Be sure to include the full address – street, city, state, and zip code.			
This section must be complete or your application cannot be processed.			
Former Address 1:			
From:		To:	
Former Address 2:			
From:		To:	
Former Address 3:			
From:		To:	
Former Address 4:			
From:		To:	
Former Address 5:			
From:		To:	
Former Address 6:			
From:		To:	
Former Address 7:			
From:		To:	
Former Address 8:			
From:		To:	
For additional addresses, please use a separate sheet of paper.			



John Ehas Baldacci
Governor

Brenda Hurvey
Commissioner

MAINE DEPARTMENT OF HEALTH HUMAN SERVICES
INITIAL RELEASE AUTHORIZATION FOR
MAINE CHILD PROTECTIVE SERVICES CASE RECORDS RESEARCH

AGENCY ID # : 306

AGENCY NAME: Court Appointed Special Advocates

I, _____, authorize release of confidential information by
(Please print clearly)
the Maine Department of Health and Human Services, Office of Child and Family Services, regarding
whether I have been involved in a substantiated Maine Child Protective Services case.

Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W, payable to the Treasurer, State of
Maine. FEES WAIVED.

I understand that:

- a. If this search shows that I have been involved in a substantiated child protective case,
another release by me is required before the nature of my involvement will be disclosed to the
agency/service provider identified below.
- b. This information will be used as part of the agency/service provider's assessment of my
suitability to provide services for children, adults, and families for this agency.
- c. This information is subject to continuing confidentiality as provided by Maine statutes Title 22
§4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been
released.

Agency/Provider to receive this information:

Lisa Waitt
Court Appointed Special Advocates
171 SHS, 24 Stone St, 1st Floor
Augusta, ME 043330171

My date of birth: _____
(Confidentiality laws prohibit providing information on individuals
under 18.)

Other names I have been known by, including maiden name, _____

Signature (subject of records research) _____ Date _____

Address _____

This form should be completed by the individual who is the subject of the child protective records research request.
This form should accompany the 083 Findings Form. Please include a self-addressed postage paid return envelope
and a check/money order for the fee(s) of \$15.00 per person, payable to the Treasurer State of Maine. Please mail
your requests to DHHS, Child Protective Intake, Records Research, SHS 11, 221 State Street, Augusta, ME 04333.
For questions please call 1-800-452-1999 x2.

OCFSCP-082
Initial Release Form
Updated 04/05



Administrative Office of the Courts Family Division

24 Stone Street, 171 State House Station, Augusta, ME 04333
Tel: (207) 287-5403 Fax: (207) 287-7553

Tracie Adamson, Esq. 287-6844
Lindsay Camire, FTDC 287-7405
Sarah Cross 287-5828
Terri Gallant, LMSW 287-5830
Karen Grossman 287-7060
Trisha Rossignol, 287-6183
Kirsten Skorpen, LMSW 287-7626
Lisa Waitt 287-5403

Dear Potential Volunteer:

Thank you for your interest in becoming a Maine Court Appointed Special Advocate (CASA) Volunteer. CASA is the only volunteer organization that empowers everyday citizens to become appointed agents of the court. Appointed by judges, CASA volunteers typically handle just one case at a time -- and commit to staying on that case until the child is placed in a safe, permanent home.

Attached is an application to become a Maine CASA. Please complete the application, including the two background check authorization forms which you will note ask for your past **ten (10) years** prior addresses and mail the completed application to this office.

You will notice that there are three Volunteer Reference Check forms also attached. Please submit these reference forms to your references and have them mail the completed forms directly to this office.

Once this office receives your completed application, including the reference forms, and has completed the background checks we may be in touch with you to schedule a personal interview.

We look forward to receiving your application. If you have any questions, please do not hesitate to contact Maine CASA. You can also visit our website for upcoming CASA training dates at www.courts.state.me.us/maine_courts/specialized/family/casa/index.shtml.

Thank you for your interest on behalf of Maine's most vulnerable children.



CONFIDENTIAL MAIL-IN VOLUNTEER REFERENCE CHECK

_____ has applied for a volunteer position with the Court Appointed Special Advocates (CASA) of Maine and has given your name as a reference. Please take a few moments to provide us with the following information and fax or mail this back to us ***within 7 days***. Thank you.

Please answer the following questions to the best of your ability and return this form within 7 days. All information will be kept strictly confidential.

Volunteer's Name _____

My Name _____

Relationship to volunteer candidate: (Circle One) Employer Co-worker Friend

Other (indicate) _____

In what capacity, if any, have you observed the applicant interacting with children? _____

How well does the applicant relate to children? _____

The following is a list of qualities. Please rate the candidate as excellent, good, poor or don't know.

	Excellent	Good	Poor	Don't Know
Commitment				
Flexibility				
Responsibility				
Dependability				
Exercises good judgment				
Lack of bias				
Reliability				
Self-esteem				
Sensitivity to others				
Emotional stability				
Understanding of children				
Working with other adults				
Ability to organize				
Sense of humor				

Please share your impression and knowledge of the applicant's qualifications for the position by using specific examples where possible.

1. How would you rate the applicant's ability to advocate for abused and neglected children?

☐ Excellent

Comments:

☐ Good

☐ Fair

☐ Poor

How well does the applicant work with people who are developmentally disabled, non-traditional, and/or from different cultural, religious or economic backgrounds?

☐ Excellent skills

Comments:

☐ Adequate skills

☐ Poor skills

4. Would you recommend this person?

☐ Yes

Comments:

☐ No

Name

Date

Thank you! We appreciate your assistance in helping CASA select the best-qualified people to serve in volunteer roles.

Please return to:

CASA
171 State House Station
Augusta, ME 04333

OR fax to (207) 287-7553